

## FILED APR 1 1949 THE STANDARD CERTIFICATE OF DEATH

State File No. 10450  
2489

|  |  |  |  |  |   |  |                                |   |  |
|--|--|--|--|--|---|--|--------------------------------|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. _____  |                                |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> |   |  |                                | b. COUNTY <b>Mad</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis Mo</b>  |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis Mo</b>                  |   | 17   |                                |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4572 Red Bud 1</b>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>4572 Red Bud</b>   |   |  |                                | 10  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First)<br><b>Jacob</b>   |  | b. (Middle)<br><b>Mosberger</b>  |   | c. (Last)  |                                | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>3 17 1949</b>  |  |
| 5. SEX<br><b>M</b>   |  | 6. COLOR OR RACE<br><b>W</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                                     |   | 8. DATE OF BIRTH<br><b>2-21-1861</b>                                 |                                | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.<br><b>88</b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Lumber &amp; Home merchant</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lumber</b> |  | 11. BIRTHPLACE (State or foreign country)<br><b>Switzerland G</b> |  |                                | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S</b>  |  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>        |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Anna Mosberger, (deceased)</b>     |                                |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mayme Hanhardt</b>   |   |  | ADDRESS<br><b>652 E. Holly</b> |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Myocarditis</b>  |  |  |   |  |                                | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 yrs</b>  |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Men. Ar. V. Sclerosis</b> |  |  |   |  |                                | <b>10 yrs</b>   |  |
|  |  | DUE TO (c) <b>Penicillin 9/2</b>   |  |  |   |  |                                |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>4 1942</b>             |  |  |   |  |                                |   |  |
| 19a. DATE OF OPERATION<br><b>none</b>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>none</b>  |  |  |   |  |                                | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |  |                                |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?   |   |  |                                |   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan. 1, 1949</b> , to <b>Mar. 17, 1949</b> , that I last saw the deceased alive on <b>Mar. 16, 1949</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |  |   |  |                                |   |  |
| 23a. SIGNATURE<br><b>Dr. P. H. Brock, D. M. D.</b>   |  |  |  | 23b. ADDRESS<br><b>1504 S. Grand</b>   |   | 23c. DATE SIGNED<br><b>3/18/49</b>                                   |                                |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><b>3-21-1949</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo</b> |                                |   |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 23 1949</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. B. Lacata</b>   |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Edward Koch &amp; Son</b>  |  | ADDRESS<br><b>3516 S. 14th</b> |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1949  
MAY 23 1949

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald A. Yshuke

Licensed Embalmer No. 3917

P. O. Address St Louis

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.